

Health of King County 2006

Chapter 2: Population and Social Determinants of Health

Current Demographics and Population Trends Over Time

Social Determinants of Health

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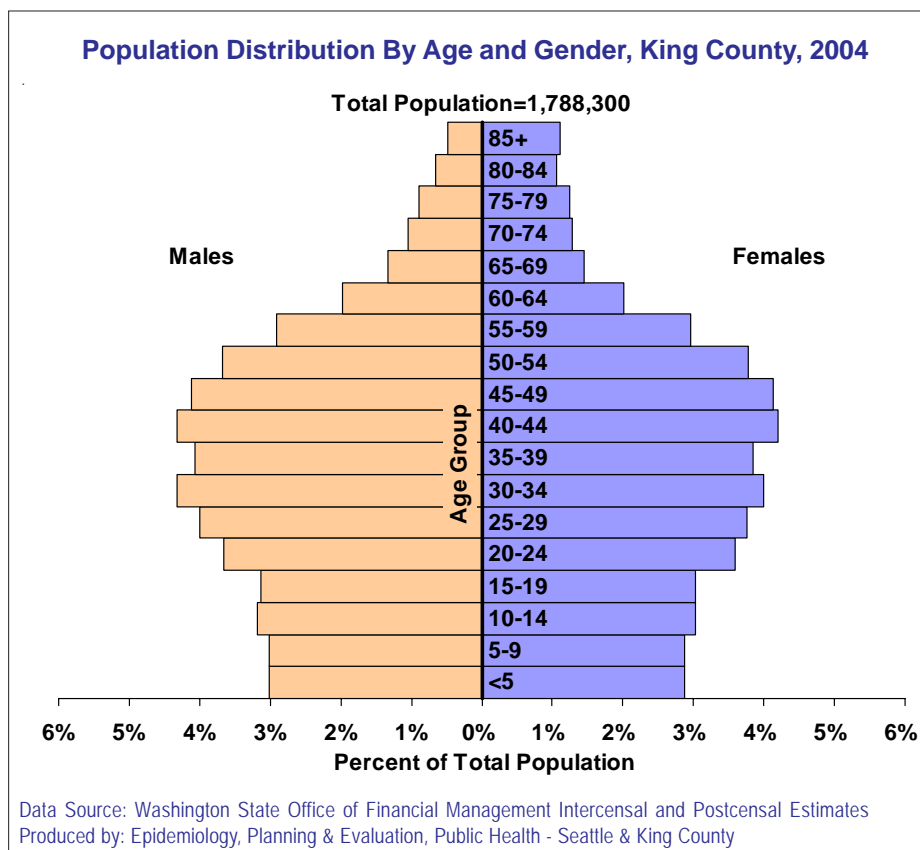
Population characteristics and trends help describe King County's many communities and provide a context for trends in health outcomes. King County's fastest-growing age groups are those aged 75 and older and 45 to 64. The county is increasing in racial diversity, especially in South King County. Social determinants of health, such as poverty and educational attainment, have a substantial impact on a broad range of behavioral risks and health outcomes. While overall poverty has remained the same, racial disparities in poverty levels are acute and poverty is increasing in South King County. Educational attainment increased from 1990 to 2000, but large racial and regional disparities remain in the percent of those who finish high school and who have a college education.

Total, Age and Gender

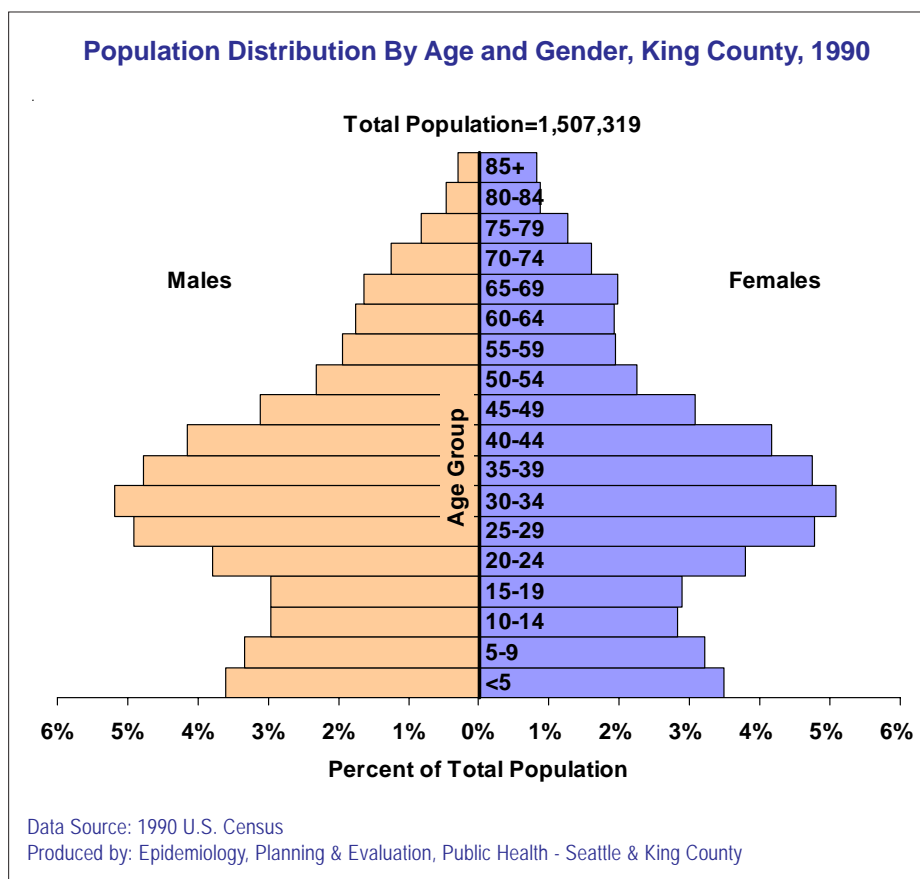
- The estimated total King County population in 2005 was 1,808,300, including 890,183 men and 898,117 women. The total was an increase of 4% since the 2000 U.S. Census, when the population was 1,737,034. Since 1990, the population has increased by 19.7%.
- King County's largest city, Seattle, had an estimated 2005 population of 573,000, a 2% increase from 2000. The next three biggest cities and their estimated 2004 populations were Kent (84,920, 7% growth); Bellevue (115,500, 5% growth since 2000); and Federal Way (85,800, 3% growth).

See <http://www.metrokc.gov/budget/census00/kc-cities.htm> for the growth of these and other King County cities between 1990 and 2000.

- Between 1990 and 2004, the age composition of King County residents changed. The fastest growing age groups were those age 45 to 64 (66% growth since 1990) and 75 and older (40% growth since 1990).

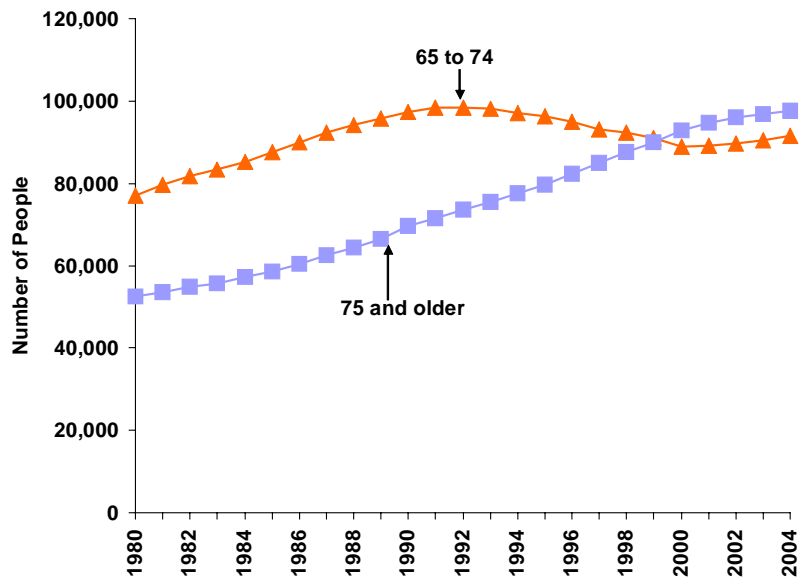


- The proportion that are between 45 and 64 increased from 18% to 25%. In 2000, the number in this age group surpassed the number of children under 18 for the first time since 1980. Meanwhile, the percent of the population aged 18 to 44 decreased from 48% to 43%.



- The proportion over age 65 (11%) is no larger than it was 14 years ago.
- However, beginning in 2000, the number of people age 75 and older was greater than the number in the 65 to 74-year-old age group. In 2004, over 97,000 King County residents were age 75 or more.

Population Estimates by Year and Age Group, Age 65 and Older, King County, 1980 to 2004



Data Source: Population Estimates, Washington State Department of Health and Vista Partnership, 10/04.

Produced by: Epidemiology, Planning & Evaluation, Public Health - Seattle & King County

Race and Ethnicity

- For the first time in 2000, Census respondents were able to indicate they were of more than one race. 4.1% of King County residents listed two or more races.
- The most numerous group was white alone (75.7%). People who identified as Asian alone (10.8%) made up the largest group among people of color, followed by the African American alone (5.4%), American Indian/Alaska Native alone (0.9%), and Native Hawaiian and Other Pacific Islander alone (0.5%). The category Some Other Race accounted for 2.6% of the population. Hispanic/Latinos, an ethnic category and not a race, made up 5.5% of the population; as an ethnicity, Hispanic/Latinos may also be counted in any race group.

King County Population by Race/Ethnicity, 2000

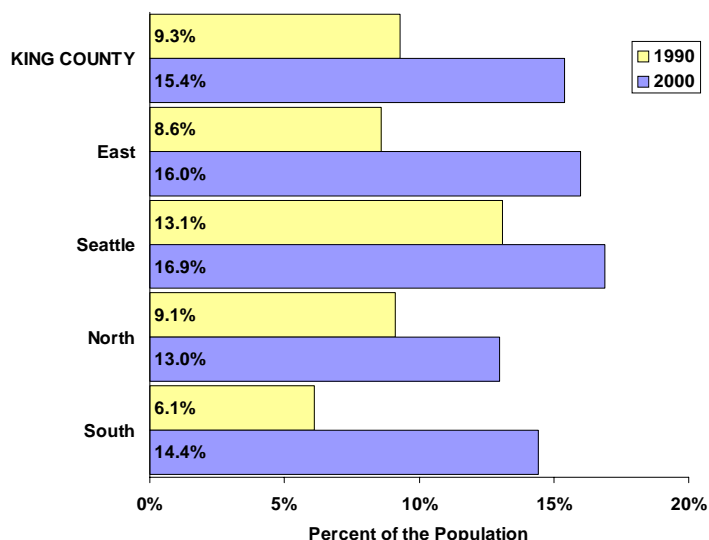
RACE	Number	Percent
Total	1,737,034	100.0
One race	1,666,535	95.9
White	1,315,507	75.7
Black or African American	93,875	5.4
American Indian and Alaska Native	15,922	0.9
Asian	187,745	10.8
Asian Indian	15,827	0.9
Chinese	45,018	2.6
Filipino	33,714	1.9
Japanese	21,455	1.2
Korean	20,005	1.2
Vietnamese	27,484	1.6
Other Asian	24,242	1.4
Native Hawaiian and Other Pacific Islander	9,013	0.5
Native Hawaiian	1,506	0.1
Guamanian or Chamorro	1,028	0.1
Samoan	4,182	0.2
Other Pacific Islander	2,297	0.1
Some other race	44,473	2.6
Two or more races	70,499	4.1
Hispanic or Latino (may be of any race)	95,242	5.5

- For the purposes of direct comparison to 1990 Census figures, we used estimates of what the 2000 race/ethnicity distribution would have been if respondents were required to pick one race, as they were in 1990 ([see Appendix C](#) for comparisons by region and health planning area). For King County as a whole, and for South Region, Seattle and North Region, the Hispanic/Latino population grew the fastest of any race/ethnicity group.
- Between 1990 and 2000, South and East Regions showed the most population growth overall (20%). By race/ethnicity, South Region had the greatest increase in African American (141%) and Hispanic/Latino (173%) populations. East Region showed the biggest increase (130%) in the number of Asian/Pacific Islander people, followed closely by South Region (129%).

Country of Birth

- The percent of King County residents who are immigrants increased substantially between 1990 (9.3%) and 2000 (15.4%).
- The proportion increased in all King County regions. The increase was largest in South Region (from 6.1% to 14.4%) and East Region (from 8.6% to 16.0%).
- In 2000, this proportion was largest in Beacon Hill/Georgetown/South Park (about 4 in 10 foreign-born), Southeast Seattle and White Center/Boulevard Park (both about one in four). It was smallest in Covington/Maple Valley, Vashon Island, Upper Snoqualmie Valley and Southeast King County (less than 1 in 20) (data not shown).

Percent Foreign-Born by Region, King County, 1990 and 2000



Data Source: 1990 and 2000 U.S. Census

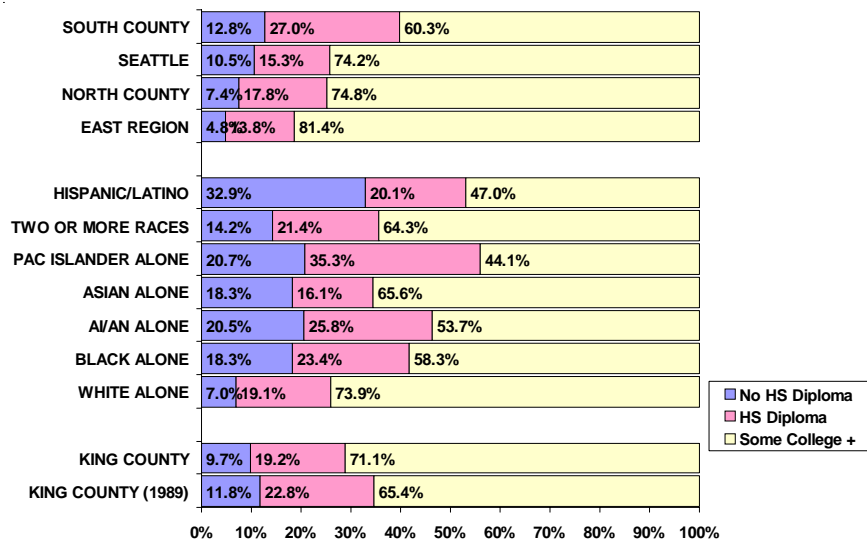
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Educational Attainment

Higher educational attainment increases the chances of finding a living-wage job, having access to high quality health care, and living a healthy lifestyle. Maternal educational attainment may be related to childhood access to care, breastfeeding practice, low birthweight and infant mortality.

- Between 1989 and 1999, educational attainment increased in King County. In 1999, 71% age 25 and older had attended college, compared to 65% in 1989. Also, the proportion with no high school diploma decreased between 1989 (12% had no high school diploma) and 1999 (10%). (see [Appendix C](#))
- Despite this overall improvement, there are substantial disparities. According to the 2000 Census, 74% of King County whites had at least some college, compared to 44% of Pacific Islanders, 47% of Hispanics, 53% of American Indians and 58% of African Americans.

Educational Attainment by Region and Race/Ethnicity, Age 25 and Older, King County, 1999

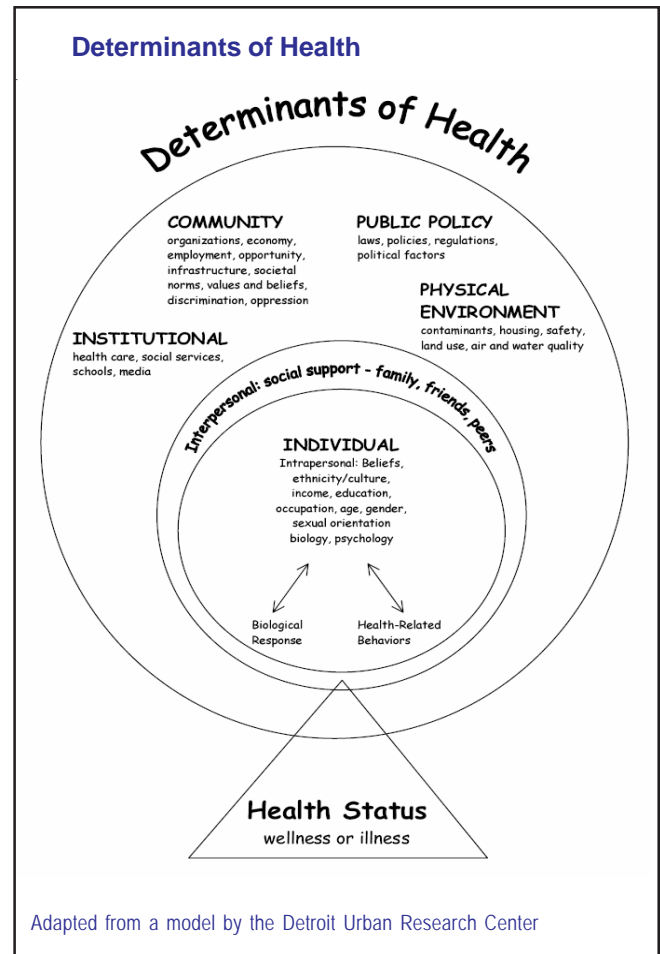


- These disparities were also seen by Region and Health Planning Area. While only 5% of East Region residents lacked a high school diploma, this figure increased to 10% for Seattle and 13% for South Region. The Health Planning Areas with the most people who had not completed high school were concentrated in southeast Seattle and South Region, and included Beacon Hill/Georgetown/South Park (30%), White Center/Boulevard Park (26%) and Southeast Seattle (22%) (see [Appendix C](#)).

Social Determinants of Health

Social factors are powerful determinants of health that act both before life begins and throughout the course of life. These social factors, or social determinants of health (SDOH), have substantial health effects across several disease categories. SDOH contribute to shorter lifespans, stress, depression, high blood pressure, heart attack, stroke and aggressive behavior.¹

- SDOH operate at the community, institutional, environmental and family level to affect an individual's health, quality of life, and risk of disease and death. Examples of SDOH include poverty, institutionalized racism, adequate food and housing, and land use policies.
- The pathways through which SDOH affect health is an area of active research; see adjacent figure for a schematic of how social and other determinants affect individual health.
- Disparities in SDOH help explain disparities in health outcomes. For example, racial discrimination—a social determinant—against African Americans can result in poor housing and unsafe neighborhoods for African American families, increasing the risk of exposure to mold and developing asthma or of being a victim of a violent crime.
- Thinking of public health in terms of SDOH can build effective methods of primary prevention—prevention before disease begins—and address disparities in health. Focusing on SDOH is a critical strategy of the Public Health – Seattle & King County 5-year Public Health Strategic Plan (see <http://www.metrokc.gov/health/stratplan/>).
- A full presentation of SDOH is beyond the scope of this report. Local data on poverty as a SDOH are below. More local data on SDOH such as income distribution, social support, discrimination and early childhood development are available from [Communities Count 2005: Social and Health Indicators Across King County](#).



Poverty

Poverty and low household income is associated with a broad range of health outcomes. Living in poverty increases social exclusion from many benefits, and those living in higher absolute levels of poverty are at higher risk of adverse health outcomes, including shorter life expectancy; mortality from violence, HIV/AIDS, and chronic diseases such as diabetes; having no health insurance; tobacco and drug use; and obesity. Those living in poverty are more likely to experience chronic stress from unemployment, homelessness and racial and class discrimination, which themselves may lead to adverse health outcomes such as elevated risk of high blood pressure and infant mortality. Whether relative poverty—i.e., the gap between rich and poor—also causes elevated risk is an area of active research.

Trends by County, Region and Health Planning Area

- Poverty has increased steadily in King County from 1969 (7.4%) to 1999 (8.4%). However, the region of the county driving the increase has changed in the last 10 years. The majority of the King County poverty increase came from Seattle from 1969 (10.0%) to 1989 (12.4%). In the most recent time period for Census data, the majority of the increase of King County poverty occurred in South Region from 1989 (6.9%) to 1999 (8.5%), while poverty in Seattle declined (see [Appendix C](#)).
- Poverty is currently still highest in Seattle, followed by South Region, North Region and East Region.
- Poverty also increased in North Region from 1989 (4.6%) to 1999 (5.4%), after holding fairly steady in earlier years.
- There were wide disparities in poverty by Health Planning Area. The percent living below the Federal Poverty Level (FPL) ranged from 2.7% on Mercer Island to 28.5% in Downtown/First Hill. Almost all Health Planning Areas in South Region showed increases in the poverty level between 1989 and 1999 (see [Appendix C](#) for trends and current estimates in poverty by HPA), as well as showing increases in earlier time periods.

Poverty in Children and Older Adults

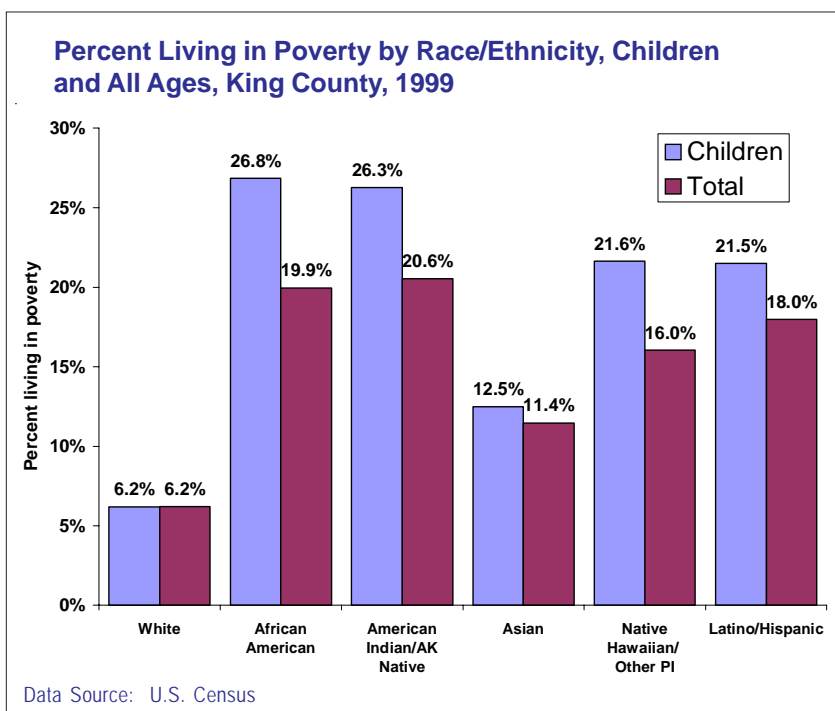
- Poverty in children and older adults is only available for 1989 and 1999 (see table on page 2-8). In 1999 (as in 1989), childhood poverty was highest in Seattle and South Region. However, in South, poverty in children increased to 11.4%, and decreased in Seattle to 14.5%.
- In 1999, there were wide disparities in poverty in children by Health Planning Area. For children, more than one in five lived in poverty in Downtown/First Hill (41.8%), Delridge (27.9%), Central Seattle (23.7%) and Beacon Hill/Georgetown/South Park (23.3%).
- HPA disparities were also seen in older adults. Downtown/First Hill and Central Seattle had the largest proportion of the elderly living in poverty (30.1% and 24.2%, respectively).

Poverty by Race/Ethnicity

Poverty data by race/ethnicity are only available for 1999. A substantially elevated proportion of people of color are living in poverty compared to whites.

Poverty in people of all ages in communities of color was two to three times more common than in whites.

- African American and American Indian/Alaska Native children were over four times more likely to live in poverty than whites, and this pattern, though less extreme, was seen in all non-white racial groups.
- Over one in four African American and American Indian/Alaska Native children live below the poverty line; one in five Native Hawaiian/Other Pacific Islander and Hispanic/Latino children live in poverty. Over one in nine Asian children live below the poverty level.



**Number and Percent of People Living Below the Federal Poverty Level by
Region, Health Planning Area and Age, 1989 and 1999**

PLACE	Children Under 18			Elderly 65 and Older		
	1989	1999	1999	1989	1999	1999
	% of Children (<18) Living Below FPL	% of Children (<18) Living Below FPL	# of Children (<18) Living Below FPL	% of Elderly (65+) Living Below FPL	% of Elderly (65+) Living Below FPL	# of Elderly (65+) Living Below FPL
KING COUNTY	9.8%	9.9%	37,954	7.3%	7.4%	12,937
EAST REGION	5.0%	4.8%	4,631	4.9%	4.8%	1,859
NORTH COUNTY	5.5%	5.9%	2,029	5.6%	5.1%	752
SEATTLE	16.2%	14.5%	12,335	9.0%	10.2%	6,709
SOUTH COUNTY	9.9%	11.4%	18,959	6.5%	6.5%	3,617
AUBURN	N/A	13.2%	2,087	N/A	7.5%	410
BALLARD	N/A	6.7%	442	N/A	7.6%	432
BEACON/GTOWN/S.PARK	N/A	23.3%	1,853	N/A	8.1%	351
BELLEVUE	N/A	5.5%	1,437	N/A	6.0%	954
BOTHELL/NORTH SHORE	N/A	6.4%	720	N/A	3.4%	184
BURIEN	N/A	13.1%	980	N/A	5.8%	263
CAPITOL HILL	N/A	8.2%	306	N/A	12.6%	461
CASCADE-FAIRWOOD	N/A	9.1%	931	N/A	3.8%	101
CENTRAL SEATTLE	N/A	23.7%	1,611	N/A	24.2%	1,120
COVINGTON/MAPLE VALLEY	N/A	3.1%	398	N/A	4.9%	106
DELRIDGE	N/A	27.9%	2,211	N/A	15.0%	388
DES MOINES/NORMANDY PK	N/A	9.9%	810	N/A	3.9%	167
DOWNTOWN/FIRST HILL	N/A	41.8%	613	N/A	30.1%	1,307
FEDERAL WAY	N/A	11.4%	3,546	N/A	5.4%	481
FREMONT/GREENLAKE	N/A	5.0%	232	N/A	4.6%	155
ISSAQUAH/SAMMAMISH	N/A	3.1%	662	N/A	3.4%	164
KENT	N/A	13.6%	4,226	N/A	7.4%	610
KIRKLAND	N/A	6.4%	1,100	N/A	4.0%	259
MERCER ISLE/PT CITIES	N/A	3.1%	240	N/A	1.9%	102
NE SEATTLE	N/A	7.4%	718	N/A	5.9%	426
NORTH SEATTLE	N/A	15.7%	975	N/A	6.6%	383
NW SEATTLE	N/A	12.7%	758	N/A	9.0%	518
QUEEN ANNE/MAGNOLIA	N/A	4.9%	298	N/A	6.6%	415
REDMOND/UNION HILL	N/A	5.3%	751	N/A	5.9%	269
RENTON	N/A	11.4%	1,984	N/A	7.9%	626
RIVERVIEW/LOWER VALLEY	N/A	4.5%	705	N/A	2.5%	72
SE COUNTY	N/A	5.6%	692	N/A	7.7%	299
SE SEATTLE	N/A	18.2%	1,925	N/A	8.9%	434
SHORELINE	N/A	6.6%	746	N/A	7.3%	503
TUKWILA/SEATAC	N/A	16.9%	1,715	N/A	7.9%	296
UPPER SNOQUALMIE VALLEY	N/A	5.2%	299	N/A	6.8%	104
VASHON ISLAND	N/A	6.1%	142	N/A	2.2%	30
W SEATTLE	N/A	5.4%	393	N/A	4.6%	319
WHITE CENTER/BOULVD PK	N/A	18.7%	1,448	N/A	8.2%	228

References

¹ Richard Wilkinson and Michael Marmot, eds: Social determinants of health: the solid facts. 2nd Edition. World Health Organization, 2003.